REQUEST FOR ADDITIONAL REVIEW

Mental Health Tribunal Manager
Mental Health Tribunal Division
Mental Health Commission
Waterloo Exchange
Waterloo Road
Dublin 4
D04 E5W7

Date:

Re: Additional Review pursuant to Section 15 (3)(b) of the Mental Health Act 2001 (as amended) (the “2001 Act”)

Dear Sir / Madam,

I am currently detained on a renewal order, which was made on ____________________ [insert date].

I am detained in ___________________________________________ [insert name of approved centre].

I wish to apply to have an additional review, which additional review shall consider whether I am suffering from a mental disorder on the date of the review.

Yours sincerely,

Print Name: ____________________________________________

Signature: _____________________________________________

NOTE – 1. This Form can be submitted by you, by your legal representative on your behalf or by the Approved Centre on your behalf.

2. This Form can be submitted by post, via the secure fax at the approved centre or to additionalreview@mhcirl.ie.

NOTE – For information in relation to the legislation please refer to www.mhcirl.ie/legislation

For use only in accordance with the Mental Health Acts 2001 to 2018.
Penalties apply for giving false or misleading information.